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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	DRNEY DOCKET NO.	CONFIRMATION NO.	
10/723,747	11/25/2003		Aaron Lee		11403/48	8967	
TITLE OF INVENTION: APPARATUS, METHOD AND SYSTEM FOR PROVIDING AUTOMATED SERVICES TO HETEROGENOUS DEVICES ACROSS MULTIPLE PLATFORMS							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	08/07/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
TRAN, NGHI V		2151	709-250000				
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"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or a 2 registered patent attor	te name of a single firm (having as a member a sered attorney or agent) and the names of up to istered patent attorneys or agents. If no name is , no name will be printed.			
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Robert Bosch GmbH Stuttgart, Federal Republic of Germany							
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🛣 Corporation or other private group entity 🗀 Government							
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 ☑ Issue Fee ☑ A check is enclosed. ☑ Publication Fee (No small entity discount permitted) ☑ Payment by credit card. Form 					ached		
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5. Change in Entity Stat							
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in							
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Typed or printed name Gerard A. Messina Registration No. 35,952							
an application. Confident submitting the completed this form and/or suggestic Box 1450, Alexandria, V Alexandria, Virginia 223	iality is governed by 35 application form to the ons for reducing this bur irginia 22313-1450. DO 13-1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR	1.14. This collection is est depending upon the individual of the control of the	imated to take 12 minute ridual case. Any commen er, U.S. Patent and Trade D THIS ADDRESS. SEN	es to complete, including its on the amount of the mark Office, U.S. Department of the To: Commissioner	d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, number.	

PART B - FEE(S) TRANSMITTAL TPE Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 JUN 0 2 2008 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 INSTRUCTIONS: This form should be used by transmitting of ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent of ance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise the patent of the pate maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 05/07/2008 Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. KENYON & KENYON LLP ONE BROADWAY NEW YORK, NY 10004 HANDRA SCOWA RAIN (Depositor's name (Signature) **EV** (Date) 3-008 FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 11403/48 8967 10/723,747 11/25/2003 Aaron Lee TITLE OF INVENTION: APPARATUS, METHOD AND SYSTEM FOR PROVIDING AUTOMATED SERVICES TO HETEROGENOUS DEVICES ACROSS MULTIPLE PLATFORMS PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE APPLN. TYPE SMALL ENTITY ISSUE FEE DUE 08/07/2008 \$300 \$0 \$1740 nonprovisional NO \$1440 **CLASS-SUBCLASS EXAMINER** ART UNIT TRAN, NGHI V 2151 709-250000 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list Kenyon & Kenyon LLP CFR 1.363). (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Stuttgart, Federal Republic of Germany Robert Bosch GmbH Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 👪 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 🛚 Issue Fee A check is enclosed. Publication Fce (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 1 -0600 (enclose an extra copy of this fo ☐ Advance Order - # of Copies (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above)

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■ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

Registration No.

Authorized Signature

Typed or printed name

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Gerard A. Messina